## CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted to Group Art Unit 2834, 703-872-9318, addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: July 18, 2003

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PATENT 36856.649

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Michio KADOTA

Art Unit: 2834

Serial No.: 10/090,805

Examiner: M. Budd

Filed: March 6, 2002

Title: SURFACE ACOUSTIC WAVE DEVICE AND COMMUNICATION

**APPARATUS** 

FAX RECEIVED

## PETITION FOR EXTENSION OF TIME

JUL 1 8 2003

Commissioner for Trademarks P.O. Box 1450 Alexandria, VA 22313-1450

**TECHNOLOGY CENTER 2800** 

Sir:

In accordance with 37 C.F.R. § 1.136(a), Applicant hereby petitions for a three-month extension of time to respond to the outstanding Office Action dated January 24, 2003, or until July 24, 2003.

Enclosed is a Credit Card Payment form for \$930.00 to pay the three-month extension fee in accordance with Rule 1.17(a)(1).

The Commissioner of Patents is authorized to charge any amount due, or credit any overpayment, to Deposit Account No. 50-1353.

Dated: July 18, 2003

Respectfully submitted,

Joseph R. Keating

Registration No. 37,368

Attorneys for Applicant(s)

Christopher A. Bennett Registration No. 46,710

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> PTO-2038 (02-2000) Approved for use through 01/31/2003. OMB 0651-0043
>
> U.S. Patent and Trademerk Office; U.S. DEPARTMENT OF COMMERCE
>
> Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless: t displayed and OMB completed.

## **UNITED STATES PATENT & TRADEMARK OFFICE**

JUL 1 8 2003

**Credit Card Payment Form** Please Read Instructions before Completing this FormECHNOLOGY CENTER 2800

Credit Card Information						
Credit Card Type:	Visa	Master Card	Ø	American Exp	ress	Discover
Credit Card Account #: 371	5 318560	12013				
Credit Card Expiration Date: 05/2004						
Name as it Appears on Credit Card: Christopher A. Bennett						
Payment Amount: \$ (US Dollars): \$930.00						
Signature: AB			Date: July 18, 2003			
Refund Policy: The Office may refund a fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee will not entitle a party to a refund of such fee. The Office will not refund amounts of twenty-five dollars or less unless a refund is specifically requested, and will not notify the payor of such amounts (37 CFR 1.26). Refund of a fee paid by credit card will be via credit to the credit card account.  Service Charge: There is a 50.00 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21 (m)).						
Credit Card Billing Address						
Street Address1: 1733-A South Hayes Street						
Street Address2:						
City: Arlington						
State: VA			Zip/Postal Code: 22202			
Country: U.S.A.						
Daytime Phone #: (703) 385-5200			Fax #: (703) 385-5080			
Request and Payment Information						
Description of Request and Payment Information:						
Petition Fee for Three-Month Extension of Time						
Patent Fee	Patent M	aintenance Fee	Tradema	rk Fee	Other	Fee
Application No.	Application N	lo.	Serial No.		IDON C	ustomer No.
10/090,805						
Patent No.	Patent No		Registration	No.	<u> </u>	
Attorney Docket No.			Identify or D	escribe Mark		
36856.649						